

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17						
18						
19						
20						
21						
22	1					
23		1				
24						
25						
26						
27						
28						
29						
30						
31						
32						
33		1				
34	1					
35						
36						
37						
38						
39						
40						
41						
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61	1							
62								
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97								
98								
99								
100								
TOTAL IND.	5		↓		↓		↓	
TOTAL DEP.	62		↓		↓		↓	
TOTAL CLAIMS	67		↓		↓		↓	